

**NEED ACCOMMODATION FOR A DISABILITY?
HEARING, VISUAL AND OTHER HELP MAY BE ARRANGED**

CONTACT THE CLERK OF COURT

Please provide the following information:

Name: _____

Address: _____

Phone No: _____

Date(s) on which an accommodation is needed:

Accommodation requested: (please be specific)

Case information: (if available)

Name: _____

Case No: _____

Type of court event: (arraignment, trial, mediation, etc.)

For Court Use Only

Action Taken: _____